

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 12/05/2018
NAME OF PROVIDER OR SUPPLIER CONCORDIA NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{N 000}	Initial Comments A Life Safety revisit survey was conducted on 11/14/2018 for the previous deficiencies cited on 09/24/2018. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all state licensure regulations surveyed.	{N 000}			

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(X6) DATE

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NAME OF PROVIDER OR SUPPLIER CONCORDIA NURSING AND REHABILITATION,		STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030	
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N 000	Initial Comments	N 000		
N 831	<p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 09/24/2018. During this Life Safety Survey, Concordia Health and Rehabilitation of Smith County was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200- 08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).</p> <p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the physical plant and overall environment.</p> <p>The finding included</p> <p>Observation on 09/24/2018 at 3:59 PM, revealed the protective cover not properly attached to the wall mounted heating and air-conditioning unit in room 708 (cover falling off of unit).</p> <p>Maintenance staff was present when these deficiencies were identified and the Administrator acknowledged these deficiencies during the exit conference on 09/24/2018.</p>	N 831		

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NAME OF PROVIDER OR SUPPLIER CONCORDIA NURSING AND REHABILITATION,		STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030	
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STREET ADDRESS, CITY, STATE, ZIP CODE

112 HEALTH CARE DR CONCORDIA

NURSING AND REHABILITATION.

CARTHAGE, TN 37030

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<p>N1410</p>	<p>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on document review, the facility failed to exercise and evaluate the disaster plans for all staff.</p> <p>The findings included'</p> <p>During the document review on 09/24/2018 at 1 .•40 AM, the facility could not provide written documentation and evaluation of staff during the following disaster plans:</p> <p>a. tornado.</p> <p>b. earthquake.</p>	<p>N1410</p>		
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FORM

If continuation sheet 1

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N1410	Continued From page 1 Maintenance staff was present when these deficiencies were identified and the Administrator acknowledged these deficiencies during the exit conference on 09/24/2018.	N1410		
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